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APPLICANTS

Stephen Pacetti, San Jose, CA;
 Pamela A. Kramer, San Jose, CA;

** CONTINUING DATA *****

None, VB

** FOREIGN APPLICATIONS *****

None, VB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/06/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>[Signature]</u> Initials <u>VB</u>	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 6
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ADDRESS

24201

TITLE

Radiopaque intraluminal stent

FILING FEE RECEIVED 1584	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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